

Office of Administration
Commissioner's Office

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name

Date Enrolled: 8/9/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	New First- Or Payment	379.52	Currently Unemployed.
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase:

Approved for purchase: Emily Kraft Date 4/10/17

Purchase denied: _____ Date _____

Reason for denying purchase: _____

Due Date/Days Past Due	03/10/17	27	Payment Frequency	Monthly
Payment Due	<u>299.94</u>		Payment Amount	<u>299.94</u>
Partial Payment Credit	<u>-.42</u>		Contract No.	<u>51</u>
Late Charge Due	<u>80.00</u>	16	Payments Remaining	<u>36</u>
Return Check Charge			Contract Balance	<u>8337.88</u>
Total Due	<u>379.52</u>		Contract Payoff	<u>8526.52</u>
			Payoff Quote	
Total Received				
Late Charge Received			Late Charge Credit	
			Interest Due	<u>188.64</u>

Function*